

**Enterprise Databases Group
Division of Information Distribution**

Public Use Files Catalog

Medicare/Medicaid Data Files

**Revised April 2001
(Internet version)**

**U.S. Department of Health and Human Services
Health Care Financing Administration
Office of Information Services**

FOREWORD

The Health Care Financing Administration (HCFA) is charged with the primary responsibility of managing the Medicare and Medicaid health care delivery programs. HCFA's Public Use Files (PUFs) Catalog is published by the Office of Information Services (OIS), Enterprise Databases Group (EDG), Division of Information Distribution (DID). The PUFs Catalog is a listing of current and historical Medicare and Medicaid data files that are available to the public. These files contain information on Medicare enrollment, payments, utilization, providers, Medicaid eligibles, recipients, medical vendor payments and services. In addition, the Catalog contains instructions for ordering Medicare and Medicaid data files from HCFA. This publication also contains helpful order forms designed to assist requestors. Data files are grouped under the headings of Public Use Files (PUFs) and Beneficiary Encrypted Data Files (BEFs). A Data Use Agreement is required for Beneficiary Encrypted Data Files. The increasing public demand for a compilation of HCFA data files has been the key factor for the publication of this valuable document. The Catalog serves a useful purpose in aiding thousands of researchers and health care professionals in managing public health care delivery systems in the United States each year.

WHAT'S NEW:

The Unique Physician Identification Number File (UPIN) will be offered on cartridge or CD-ROM.

Ordering Process

Please ensure that your order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in this catalog. To process each order, HCFA incurs processing costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is **non-refundable**. Please allow 4 to 6 weeks for processing.

Acknowledgments

The Division of Information Distribution has the responsibility for planning and development of the PUF's Catalog under Robyn Thomas, Director. Key contributors to the content and format of the Catalog included Laquetta McNeal, Valeria Watkins, Helen Dea, Andrew Stewart, and Anthony (Tony) Parker. Karl Foltz prepared the Catalog for the internet which is located at <<http://www.hcfa.gov/stats/pufiles.htm>>.

**Enterprise Databases Group
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PUBLIC USE FILES CATALOG

TABLE OF CONTENTS

	PAGE
I. NOTICE TO PUBLIC USE FILE CLIENTS	2
II. SUBJECT INDEX OF FILES AND MEDIA MATRIX.....	3
III. PUBLIC USE FILES	6
A. General Instructions For Ordering Public Use Files.....	7
B. Public Use Files Ordering Form	9
IV. DESCRIPTIONS AND PRICES (Public Use Files)	10
V. BENEFICIARY ENCRYPTED FILES	19
A. General Instructions For Ordering Beneficiary Encrypted Files	20
B. Beneficiary Encrypted Files Ordering Form.....	22
C. Agreement for Release of Beneficiary Encrypted Files.....	23
VI. DESCRIPTIONS AND PRICES (Beneficiary Encrypted Files)	26
VII. COPYRIGHT STATEMENT AND AGREEMENT	34
VIII. OTHER AVAILABLE DATA SOURCES AND REFERENCES.....	37
Attachments A, B, and C	

PUBLIC USE FILES CATALOG

NOTICE TO PUBLIC USE FILE CLIENTS:

PRICES

Generally changes in the pricing of files are the result of a thorough cost comparison study. We will continue to review our pricing methodology and make additional adjustments when warranted. The change to version H has greatly increased the length of our utilization records and the time it takes to process the files.

INTERNET PRESENCE

The Health Care Financing Administration (HCFA) has posted most of the personal computer based data files on the Internet at <<http://www.hcfa.gov/stats/pufiles.htm>> for public access free of charge. Earlier years for certain files are available for purchase by contacting the PUFs staff at (410) 786-3691 or PUFs@hcfa.gov.

RESEARCH DATA ASSISTANCE CENTER (ResDAC)

ResDAC is a consortium of faculty and research staff from the University of Minnesota, Boston University, and Dartmouth College. ResDAC is funded directly by HCFA. The goal of the ResDAC is to assist HCFA in increasing the number of new researchers skilled in accessing and using HCFA data for studies which will improve the Medicare and Medicaid programs and add value to current HCFA activities. ResDAC serves as a focal point for researchers in pursuing studies and provides the expertise of faculty and others who are knowledgeable and experienced in both HCFA's data and program history. ResDAC can be reached at the University of Minnesota, School of Public Health, telephone - 888-9-ResDAC or (888-973-7322), fax - 612-378-4866, or resdac@tc.umn.edu or visit the website at <<http://www.hcfa.gov/ord/resdc0.htm>>.

SECTION I

SUBJECT INDEX OF FILES

AND

MEDIA MATRIX

SUBJECT INDEX AND MEDIA MATRIX

	Diskette	IBM Cartridge	BEFs*	Page
MEDICARE				
Cost Reports				
End Stage Renal Disease Renal Dialysis Facilities	X			11
HHA Practical Data Set		X		11
Hospital Cost Report Systems Master File		X		11
PPS IV-XII Minimum Data Sets		X		12
PPS Hospital Data Set (PPS 13 through 16)		X		12
SNF Minimum Data Sets		X		13
Skilled Nursing Facility Cost Report System Master File		X		13
Enrollment				
Annual County Enrollment File (S) – DUA		X		13
Annual Zipcode Enrollment File (S) – DUA		X		14
Denominator File 5% Only - DUA		X		14
Payment Rates- -Institutional Providers				
HCFA Medicare Case-Mix Index File	X			15
Prospective Payment System (PPS) Payment Impact	X			15
Providers				
Provider of Services File...(June 1991 to Present)		X		16
Unique Physician Identification Number (UPIN)	CD ROM	X		17
Utilization				
Hospital Service Area File (S)		X		17
Physician/Supplier Procedure Summary Master File**		X		17
Standard Analytical Files (SAF) Home Health Agency Hospice Inpatient Physician/Supplier Part B** Outpatient Skilled Nursing Facility		X	X	28
Expanded Modified Medpar - Hospital (National) File		X	X	29
Expanded Modified Medpar - Hospital (State) File		X	X	30
Expanded Modified Medpar-Skilled Nursing Facility		X		30

SUBJECT INDEX AND MEDIA MATRIX

5% Sample Durable Medical Equipment (DME) File		X	X	31
MEDICAID				
Medicaid Statistical File -- Form HCFA-2082 (S)		X		18
Medicaid Drug Utilization by State by Quarter File		X		18

*BEFs = A Signed Agreement for Release of Beneficiary Encrypted Files Required, **Copyright, (S) Summarized Data

SECTION II

GENERAL INSTRUCTIONS

FOR ORDERING

PUBLIC USE FILES

Public Use Files (PUFs)
GENERAL INSTRUCTIONS AND ORDERING INFORMATION
April 2001

Please ensure that your order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in this catalog. To process each order, the Health Care Financing Administration (HCFA) incurs processing costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable. Please allow 4 to 6 weeks for processing.

1. Standard Output Specifications:

- a. Tape
 - 1. Recording Mode-----EBCDIC
 - 2. Tape Labeling -----IBM Standard
 - 3. Density -----IBM 3480 Cartridge – 18 track
 -----IBM 3490e Cartridge – 36 track
- b. Diskette 3 1/2"
 - 1. ASCII
 - 2. High Density
- c. Standard Analytical Files (See Section IV)
 - 1. Variable length
 - 2. Fixed length - multiple linked files - can be used by non-mainframe (PC-compatible for downloading)

2. Methods of Payment (All monies must be drawn on a U.S. bank):

- a. Payments must accompany order forms (No credit card payments). Make **company check** or **money order** payable to:
Health Care Financing Administration-PUF or HCFA-PUF
- b. Electronic Transmitted Payment For Other Federal Agencies Only
 - 1. U.S. Federal Government Agencies need Agency Location Code
 - 2. U.S. Banks only (contact HCFA's Accounting Office - 410-786-5428).
- c. Purchase Orders require prepayment.

3. Public Use Files Inquiries:

- a. The Public Use Files Hotline: **(410) 786-3691**
- b. The Public Use Files Fax number:
(410) 786-6418
- c. E-mail Address:
PUFS@HCFA.GOV
- d. The Beneficiary Encrypted Files Hotline:
(410) 786-3690

PRICES EFFECTIVE OCTOBER 1, 2000
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Public Use Files (PUFs)
GENERAL INSTRUCTIONS AND ORDERING INFORMATION
April 2001

- e. Decision Support Access Facility (DSAF) Helpline:
(410) 786-0159
- f. General Statistical Inquiries:
Medicaid: (410) 786-0165 or Medicaidstats@HCFA.GOV
Medicare: (410) 786-3689 or Medicarestats@HCFA.GOV

4. MAILING INSTRUCTIONS:

a. Regular Mailing Address*: (Regular U.S. Postal Service)

Cosby
 Health Care Financing Administration
 Public Use Files
 Accounting Division
 P. O. Box 7520
 Baltimore, Maryland 21207-0520

b. Federal Express, Airborne, etc.

Health Care Financing Administration
 OFM/Division of Accounting-Kara
 7500 Security Boulevard, C3-09-27
 Baltimore, Maryland 21244-1850

*Address must be written in its entirety.
 Request must include name and telephone # of contact person.
 (Allow 4-6 weeks for delivery depending on volume of PUF orders received)

5. Magnetic Media Return Policy:

HCFA will honor written requests for replacement files within **60 days** of the shipment date provided the cartridges or diskettes are returned with an explanation of the problem to the following address:

HCFA/Data Release Area
 Tape Library-PUF
 7500 Security Boulevard, NL-37
 Baltimore, Maryland 21244-1850

6. Reproducing Public Use Files Documentation:

If you wish to reprint this package in whole or in part as an insertion to an article for distribution, you must notify:

Health Care Financing Administration
 Office of Information Services
 Enterprise Databases Group
 Public Use Files - Publication Release
 7500 Security Boulevard, N3-17-07
 Baltimore, Maryland 21244-1850

PRICES EFFECTIVE OCTOBER 1, 2000
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Please Print Legibly or Type

(This form is not to be used as a Beneficiary Encrypted Agreement Form)

PUBLIC USE FILES ORDER FORM

Health Care Financing Administration
Public Use Files
Accounting Division
P.O. Box 7520
Baltimore, Maryland 21207-0520
(410) 786-3691

Date: _____

PURCHASE REQUEST

	<u>FILE NAMES</u>	<u>YEAR</u>	<u>COST</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
		TOTAL	_____

COMPANY CHECK/MONEY ORDER AMOUNT: Payable to: HCFA-PUF
(No Personal Checks. All checks must be drawn on a U.S. bank.)

(No Credit Cards Accepted)

AGENCY LOCATION CODE (U.S. Federal Government) _____

OUTPUT SPECIFICATIONS: (See File Descriptions and Prices)

1. Cartridge (3480) _____ (3490e) _____ 2. Diskette 3. CD-ROM
(UPIN ONLY)

PPS Cost Reports Only, Circle a or b a. SAS b. Sequential _____

EXPRESS COMPANY: (i.e., Fed Exp, Airborne, etc.) _____

EXPRESS ACCOUNT: (Number) _____

NAME: _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

PHONENUMBER: _____

FAX NUMBER: _____

SIGNATURE: _____

Allow 4-6 weeks for delivery.

This form can be reproduced for additional orders.

PUF-4 Rev (10/2000) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

SECTION III

DESCRIPTIONS AND PRICES

(PUBLIC USE FILES ONLY)

BENEFICIARY ENCRYPTED FILES (BEF) EXCLUDED; See Section IV for BEFs

**PUBLIC USE FILES
FILE DESCRIPTIONS AND PRICES**

11

April 2001

RENAL DIALYSIS FACILITIES

The Renal Dialysis Facilities Cost Report Extract contains cost and statistical data for free-standing and hospital-based renal dialysis providers. The data are in two separate files on each diskette. The data set includes only the most precise version of each cost report filed with HCFA. **The data set is normally updated quarterly and is available on the last day of the month following quarter end.**

Media: Diskette (ASCII or PKZIP compressed) and Internet
File Cost: \$285.00 per year
Available: CY 94 through 99

HHA PRACTICAL DATA SET

The HHA Practical Data Set contains statistical and utilization data, total cost and Medicare cost by cost center, settlement date and financial data for Medicare-certified free standing, hospital-based, and skilled nursing facility (SNF)-based HHAs. The data sets include only the most current report (as submitted, final settled or reopened) submitted for a certified facility by the Medicare Fiscal Intermediary to HCFA. **These data sets are updated at the end of each calendar quarter and are available on the last day of the following month.**

Media: Cartridge
File Cost: \$770.00 per year

	Period beginning on or after	and before
HHA 94	01/1/94	10/1/94
HHA 95	10/1/94	10/1/95
HHA 96	10/1/95	10/1/96
HHA 97	10/1/96	10/1/97
HHA 98	10/1/97	10/1/98

**Note: HHA 94 data set will include cost reports only for fiscal years ending on or after
December 31, 1995**

HOSPITAL COST REPORT SYSTEM MASTER FILE

The Hospital Cost Report System Master File contains one copy of each version (as submitted, settled, reopened) of each HCFA-2552 cost report filed with HCFA. The data consists of every data element included in the Hospital Cost Report Information System (HCRIS) extract created for HCFA by that provider's fiscal intermediary. **These files are updated as cost reports are received at HCFA.**

Media: Cartridge
File Cost: \$1,300.00

	Period beginning on or after	and before
HCFA-2552-92	10/01/91	09/29/96
HCFA-2552-96	09/30/96	to be established

PUBLIC USE FILES FILE DESCRIPTIONS AND PRICES

April 2001

PPS IV-XII MINIMUM DATA SETS

The Minimum Data Set contains cost, statistical, financial, and other data from the Medicare Hospital Cost Report. The dataset includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. **These data sets are updated at the end of each calendar quarter and are available on the last day of the following month.**

Media:	Cartridge	
File Cost:	\$770.00 per year	
	Periods beginning on or after	and before
PPS IV	10/01/86	10/01/87
PPS V	10/01/87	10/01/88
PPS VI	10/01/88	10/01/89
PPS VII	10/01/89	10/01/90
PPS VIII	10/01/90	10/01/91
PPS IX	10/01/91	10/01/92
PPS X	10/01/92	10/01/93
PPS XI	10/01/93	10/01/94
PPS XII	10/01/94	10/01/95

Note: File is part of PPS Hospital Data Set as of FY 96.

PPS HOSPITAL DATA SET

The PPS Hospital Data Set contains cost, statistical, financial, and other data from the Medicare Hospital Cost Report. The data set includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified Hospital by the Medicare Fiscal Intermediary to HCFA. **These data sets are updated at the end of each calendar quarter and are available on the last day of the following month.**

Media:	Cartridge	
File Cost:	\$1,000.00 per year	
	Periods beginning on or after	and before
PPS XIII FY96	10/01/95	10/01/96
PPS XIV FY97	10/01/96	10/01/97
PPS XV FY98	10/01/97	10/01/98
PPS XVI FY99	10/01/98	10/01/99

Note: The following change has been implemented with the release of the Fiscal Year 10/01/95 to 10/01/96 Hospital Cost Report Data Files. Five files have been combined into one data file called the PPS XIII Hospital Data Set. The five files are:

1. PPS Minimum Data Set
2. Capital Data Set
3. PPS Exempt Data Set
4. Worksheet A Data Set
5. Medicare Part B Data Set

Historical data will remain available as separate files. Upon release of the new Hospital Data Set the above data sets will no longer exist as individual files for current and future years.

SKILLED NURSING FACILITY MINIMUM DATA SETS

**PUBLIC USE FILES
FILE DESCRIPTIONS AND PRICES**

13

April 2001

The Skilled Nursing Facility (SNF) Minimum Data Set contains cost, statistical, financial and other data from the Medicare SNF Cost Report and Hospital-Based SNF Cost Report. The data set includes only the most current cost report (as submitted, final settled, or reopened) submitted for a Medicare Certified SNF by the Medicare Fiscal Intermediary to HCFA. **These data sets are updated at the close of each calendar quarter and are available on the last day of the following month.**

Media:	Cartridge		
File Cost:	\$770.00 per year		
	Periods beginning on or after		and before
SNF YEAR 1	10/01/88		10/01/89
SNF YEAR 2	10/01/89		10/01/90
SNF YEAR 3	10/01/90		10/01/91
SNF YEAR 4	10/01/91		10/01/92
SNF YEAR 5	10/01/92		10/01/93
SNF YEAR 6	10/01/93		10/01/94
SNF YEAR 7	10/01/94		10/01/95
SNF YEAR 8	10/01/95		10/01/96
SNF YEAR 9	10/01/96		10/01/97
SNF YEAR 10	10/01/97		10/01/98
SNF YEAR 11	10/01/98		10/01/99

SKILLED NURSING FACILITY COST REPORT SYSTEM MASTER FILE
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The Skilled Nursing Facility Cost Report System Master File contains one copy of each version (as submitted, settled, reopened) of HCFA-2540 cost report filed by the provider with HCFA. The data comprise every line item originally included in the cost report extract created for HCFA by the Medicare Fiscal Intermediary.

These files are updated on a flow basis as cost report extracts are received at HCFA.

Media:	Cartridge		
File Cost:	\$1,300.00		
	Period beginning on or after		and before
HCFA-2540-92	03/31/93		06/29/96
HCFA-2540-96	06/30/96		to be established

ENROLLMENT

ANNUAL COUNTY ENROLLMENT FILE

This file is derived from the Enrollment Data Base (EDB) and contains aged enrollment data by age range, race, and sex by county, State, census region, and division codes, including county names. **The file is usually produced in April and reflects enrollment as of July 1, of the previous year.** Although this file has been edited to protect the privacy of our beneficiaries, it does not meet the current Privacy Act provision, therefore, we now require a DUA.

Media:	Cartridge
File Cost:	\$570.00 per year
Available:	1997 through 1999

A SIGNED DATA USE AGREEMENT (DUA) REQUIRED

**PUBLIC USE FILES
FILE DESCRIPTIONS AND PRICES**

April 2001

ANNUAL ZIP CODE ENROLLMENT FILE
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This file is derived from the Enrollment Data Base (EDB) and contains aged and disabled enrollment data by age range, race, and sex within ZIP code. **The file is usually produced in April and reflects enrollment as of July 1, of the previous year.** Although this file has been edited to protect the privacy of our beneficiaries, it does not meet the current Privacy Act provision, therefore, we now require a DUA.

Media:	Cartridge
File Cost:	\$570.00 per year
Available:	1997 through 1999

A SIGNED DATA USE AGREEMENT (DUA) REQUIRED

DENOMINATOR FILE

The Denominator File combines Medicare beneficiary entitlement status information from administrative enrollment records with third-party payer information and GHP enrollment information. The Denominator File contains data on all Medicare beneficiaries enrolled and/or entitled in a given year. Like the HISKEW File, it is an abbreviated version of the Enrollment DataBase (EDB) (selected data elements). It does not, however, contain data on all beneficiaries ever entitled to Medicare. The file contains data only for beneficiaries who were entitled during the year of the data. **These data are available annually in May of the current year for the prior year.**

Media:	Cartridge
File Cost:	5% File \$1,740.00 per year
Available:	CY 1984 through CY 2000

A SIGNED DATA USE AGREEMENT (DUA) REQUIRED

PAYMENT RATES- -INSTITUTIONAL PROVIDERS

HCFA MEDICARE CASE-MIX INDEX FILE
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**PUBLIC USE FILES
FILE DESCRIPTIONS AND PRICES**

15

April 2001

This file contains the Medicare case-mix index by provider number as published in each year's update of the Medicare Hospital Prospective Payment System (PPS). The case-mix index is a measure of the costliness of cases treated by a hospital relative to the cost of the national average of all Medicare hospital cases, using Diagnosis Related Group (DRG) weights as a measure of relative costliness of cases.

PPS FY RULES	GROUP VERSION	# DRGS	MEDPAR			PUBLISH DATES	
			DATA YEAR			NPRM	FINAL
			NPRM UPDATE	FY	FINAL UPDATE		
FY89	6.0	477	12/87	87	6/88	5/88	9/88
FY90	7.0	477	12/88	88	6/89	5/89	9/89
FY91	8.0	490	12/89	89	6/90	5/90	9/90
FY92	9.0	492	12/90	90	6/91	5/91	9/91
FY93	10.0	494	12/91	91	6/92	5/92	9/92
FY94	11.0	495	12/92	92	6/93	5/93	9/93
FY95	12.0	495	12/93	93	6/94	5/94	9/94
FY96	13.0	495	12/94	94	6/95	5/95	9/95
FY97	14.0	495	12/95	95	6/96	5/96	9/96
FY98	15.0	503	12/96	96	6/97	5/97	9/97
FY99	16.0	511	12/97	97	6/98	5/98	9/98
FY2000	17.0	511	12/98	98	6/99	5/99	9/99
FY2001	18.0	511	12/99	99	6/00	5/00	9/00

Media: Diskette and most recent year on Internet
File Cost: \$165.00 per year/per file

1. The Notice of Proposed Rule Making (NPRM) is published in the Federal Register, usually by the end of May.
2. The Final Rule is published in the Federal Register, usually by the first week of September.

PPS PAYMENT IMPACT FILE

This file contains data used to estimate FY 1999 payments under Medicare's Prospective Payment System (PPS) for capital costs. The data are taken from various sources, including the Provider Specific File, the PPS-X and PPS-XI Minimum Data Sets, and prior impact files. The data set is abstracted from an internal file used for the impact analysis of the changes to PPS published in the Federal Register. **This file is available for release one month after the Final Rule is published in the Federal Register, usually during the first week of September.**

Media: Diskette and Internet
File Cost: \$165.00
Available: FY 2001 PPS Update

PROVIDERS

PUBLIC USE FILES FILE DESCRIPTIONS AND PRICES

April 2001

PROVIDER OF SERVICES FILE

The Provider of Services (POS) Extract is created from the Online Survey and Certification Reporting System (OSCAR) data base. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the HCFA Regional Offices. **The file contains an individual record for each Medicare-approved provider and is updated quarterly.**

Media:	Cartridge
File Cost:	\$850.00 per year
Available:	CY 1991 through CY 2001 (Quarterly updates are available for the current year only.)

File Categories

1. Hospital
2. SNF/NF (dually)
3. SNF/NF (distinct)
4. Skilled Nursing Facilities (SNF)
5. Home Health Agencies (HHA)
6. Medicare Laboratories
7. Portable X-Rays
8. Physical Therapy/Speech Pathology
9. End Stage Renal Disease (ESRD)
10. Nursing Facilities (NF)
11. Intermediate Care Facility - Mentally Retarded (ICF/MR)
12. Rural Health Clinic
13. Physical Therapy - Independent Practice
14. Comprehensive Outpatient Rehab Facilities (CORF)
15. Ambulatory Surgical Centers (ASC)
16. Hospices
17. Organ Procurement Organization
18. CLIA67 Laboratories
19. Community Mental Health Centers (CMHC)
20. Screening Mammography
21. Federally Qualified Health Centers
22. CLIA88 Laboratories ÷ added: effective 1997

UNIQUE PHYSICIAN IDENTIFICATION NUMBER (UPIN) DIRECTORY

PUBLIC USE FILES FILE DESCRIPTIONS AND PRICES

17

April 2001

The Unique Physician Identification Number (UPIN) Directory contains selected information on physicians, doctors of Osteopathy, limited licensed practitioners and some non physician practitioners who are enrolled in the Medicare Program. The data elements in the file (UPIN, full name, specialty, State license number, zip code, Medicare provider billing number and State) are extracted from the UPIN Database and are approved for public release in the HCFA System of Records. **The file is updated quarterly with updates being available usually by April 15, July 15, October 15, and January 15.** Each update file is considered as a replacement file.

Media:	Cartridge (EBCDIC) or CD-ROM (ASCII-data only-no built in browse feature)
File Cost:	\$330.00-cartridge \$20.00-CD-ROM
Available:	Current Update

To browse this file online go to: www.cpg.mcw.edu/www/upin.html

UTILIZATION

HOSPITAL SERVICE AREA FILE

This file is derived from the calendar year inpatient claims data. The records contain number of discharges, length of stay, and total charges summarized by provider number and ZIP code of the Medicare beneficiary. **This file is produced annually and is usually available in May.**

Media:	Cartridge
File Cost:	\$770.00 per year
Available:	CY 1992 through CY 1999

PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER FILE (FORMERLY: PART B PROCEDURE FILE)

This file is a 100% summary of all Part B Carrier and DMERC Claims processed through the Common Working File and stored in the National Claims History Repository. The file is arrayed by carrier, pricing locality, HCPCs, modifier 1, modifier 2, specialty, type of service and place of service. The summarized fields are total submitted services and charges, total allowed services and charges, total denied services and charges, and total payment amounts. **This file is produced annually and is usually available in July.**

Media:	Cartridge
File Cost:	\$1,640.00 per year
Available:	CY 1992 through CY 1999

MEDICAID

MEDICAID STATISTICAL FILE

The file contains the complete Form HCFA-2082, *Statistical Report on Medical Care; Eligibles, Recipients, Payments and Services*, a report of Medicaid cost and utilization data that is submitted annually by States, territories, and the District of Columbia. The report summarizes data on Medicaid- eligible recipients, service utilization, and medical vendor payments on a federal fiscal year basis. All data are reported on the basis of individuals who receive medical care, rather than cases or families.

Available:

Comments:

1. Fiscal Year 1997: Virgin Islands did not submit data for Sections D(1) and D(4). Sections I through N are excluded except for Sections L(1) and (2). Puerto Rico and Hawaii submitted total recipients and payments only. The recipient total is also used as the eligible total for these two Jurisdictions. Oklahoma submitted totals throughout the HCFA-2082. Nebraska excluded data for Sections E, F(1), F(2), and Sections I through N. Maine submitted totals in Sections D(1), (2), and (3).
2. Fiscal Year 1998: Puerto Rico submitted total recipients and payments only. The recipient total is also used as the eligible total. Oklahoma submitted total recipient counts for Sections A, B, C, and D only. Nebraska submitted complete data in Sections A, B, C, and D only.

Media:

Cartridge (Recording Mode: SAS)

File Cost:

\$535.00 per year

Note: This file is no longer updated

To obtain data beyond 1998 contact: <CFoltz@hcfa.gov> or <RNorth@hcfa.gov>

To obtain data on the internet go to: www.hcfa.gov/medicaid/msis/mstats.htm

MEDICAID DRUG UTILIZATION BY STATE BY QUARTER

The Medicaid Drug Utilization file contains State by State information on drug utilization by the Medicaid program. All drugs are identified by National Drug Code (NDC). The drug utilization is reported by individual drug products and includes the number of units of the drug that were reimbursed by the Medicaid program. The file also contains information on the number of prescriptions filled for each drug. No pricing data are included. **The quarterly file consists of approximately 500,000 records and is continuously updated.**

Media:

Cartridge

File Cost:

\$535.00 per quarter

Available:

Calendar quarter beginning 1/91 through current calendar quarter

SECTION IV

BENEFICIARY ENCRYPTED FILES

**GENERAL INSTRUCTIONS FOR ORDERING BENEFICIARY ENCRYPTED
FILES
And
AGREEMENT FOR RELEASE**

Beneficiary Encrypted Files
GENERAL INSTRUCTIONS AND ORDERING INFORMATION
April 2001

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1. Standard Output Specifications:

- a. Tape
 - 1. Recording Mode-----EBCDIC
 - 2. Tape Labeling -----IBM Standard
 - 3. Density -----IBM 3480 Cartridge – 18 track
 -----IBM 3490e Cartridge – 36 track
- b. Diskette 3 1/2"
 - 1. ASCII
 - 2. High Density
- c. Standard Analytical Files (See Section IV)
 - 1. Variable length
 - 2. Fixed length - multiple linked files - can be used by non-mainframe (PC-compatible for downloading)

2. Methods of Payment (All monies must be drawn on a U.S. bank):

- a. Payments must accompany order forms (No credit card payments). Make **company check** or **money order** payable to:
Health Care Financing Administration-PUF or HCFA-PUF
- b. Electronic Transmitted Payment For Other Federal Agencies Only
 - 1. U.S. Federal Government Agencies need Agency Location Code
 - 2. U.S. Banks only (contact HCFA's Accounting Office - 410-786-5428).
- c. Purchase Orders require prepayment.

3. Public Use File Inquiries:

- a. The Public Use Files Hotline:
(410) 786-3691
- b. The Public Use Files Fax number:
(410) 786-6418
- c. E-mail Address:
PUFS@HCFA.GOV
- d. The Beneficiary Encrypted Files Hotline:
(410) 786-3690

PRICES EFFECTIVE OCTOBER 1, 2000
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



**Beneficiary Encrypted Files
GENERAL INSTRUCTIONS AND ORDERING INFORMATION
April 2001**

- e. Decision Support Access Facility (DSAF) Helpline:
(410) 786-0159
- f. General Statistical Inquiries:
Medicaid: (410) 786-0165 or Medicaidstats@HCFA.GOV
Medicare: (410) 786-3689 or Medicarestats@HCFA.GOV

4. MAILING INSTRUCTIONS:

a. Regular Mailing Address*: (Regular U.S. Postal Service)

Health Care Financing Administration
Public Use Files
Accounting Division
P. O. Box 7520
Baltimore, Maryland 21207-0520

b. Federal Express, Airborne, etc.

Health Care Financing Administration
OFM/Division of Accounting-Kara Cosby
7500 Security Boulevard, C3-09-27
Baltimore, Maryland 21244-1850

*Address must be written in its entirety.

Request must include name and telephone # of contact person.

(Allow 4-6 weeks for delivery depending on volume of PUF orders received)

5. Magnetic Media Return Policy:

HCFA will honor written requests for replacement files within **60 days** of the shipment date provided the cartridges or diskettes are returned with an explanation of the problem to the following address:

HCFA/Data Release Area
Tape Library-PUF
7500 Security Boulevard, NL-37
Baltimore, Maryland 21244-1850

6. Reproducing Public Use Files Documentation:

If you wish a reprint this package in whole or in part as an insertion to an article for distribution, you must notify:

Health Care Financing Administration
Office of Information Services
Enterprise Databases Group
Public Use Files - Publication Release
7500 Security Boulevard, N3-17-07
Baltimore, Maryland 21244-1850

PRICES EFFECTIVE OCTOBER 1, 2000
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Please Print Legibly or Type

(This form is not to be used as a Beneficiary Encrypted Agreement Form)

BENEFICIARY ENCRYPTED FILES ORDER FORM ONLY

Health Care Financing Administration
Public Use Files
Accounting Division
P.O. Box 7520
Baltimore, Maryland 21207-0520
(410) 786-3691

Date: _____

PURCHASE REQUEST

	<u>FILE NAMES</u>	<u>YEAR</u>	<u>COST</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
		TOTAL	_____

COMPANY CHECK/MONEY ORDER AMOUNT: Payable to: HCFA-PUF _____

(No Personal Checks. All checks must be drawn on a U.S. bank.)

(No Credit Cards Accepted)

AGENCY LOCATION CODE (U.S. Federal Government) _____

OUTPUT SPECIFICATIONS: (See File Descriptions and Prices)

1. Cartridge (3480) _____ (3490e) _____

Standard Analytical Files – Select a or b a. Fixed _____ b. Variable _____

EXPRESS COMPANY: (i.e., Fed Exp, Airborne, etc.) _____

EXPRESS ACCOUNT: (Number) _____

NAME: _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

SIGNATURE: _____

Allow 4-6 weeks for delivery.

This form can be reproduced for additional orders.

PUF-4 Rev (10/2000) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



**INSTRUCTIONS FOR COMPLETING THE AGREEMENT
FOR RELEASE OF HEALTH CARE FINANCING ADMINISTRATION (HCFA)
BENEFICIARY ENCRYPTED FILES**

This agreement must be completed prior to the release of specific data files as described in the Public Use Files Catalog. The files requiring the completion of this agreement have a statement to that effect as part of the file description.

This agreement, if required for specified data files, should be completed and submitted with your Public Use Files Order Form and payment. Directions for the completion of the agreement follow:

- C Enter the specific names of the files being requested in the column headed "Filename(s)." The corresponding year(s) for those files should be entered on the appropriate line in the column headed "Year(s)."
- C The individual requesting the data should enter his/her name in the space provided for "Requestor Name." The company or organization name, address, and phone number (including area code) should be entered on the appropriate lines.
- C The requestor should enter the purpose for which the data will be used on the lines provided.
- C Under item B, enter the date of completion of the project. This is the date by which the data will be either returned to HCFA or destroyed.
- C The first line on the signature page should contain the typed or printed name and title of the requestor.
- C The second line should contain the signature of the requestor and the date the agreement was signed. This signature indicates that the requestor has read and agrees to the conditions outlined in the agreement.
- C The third line should contain the typed or printed name of the custodian of the files, if this is a different individual from the requestor. The custodian of the files is defined as that person who has actual possession of, and responsibility for, the data files. If the custodian of the files is the requestor, lines 3 and 4 should be left blank.
- C The fourth line should contain the signature of the custodian if the custodian is different from the requestor and the date the agreement was signed.
- C Lines 5 and 6 will be completed by HCFA.
- C In order to ensure the timely delivery of your data request, HCFA expects the recipients of its data to agree to observe the following procedure when ordering the Beneficiary Encrypted Files. After an order has been received and an Agreement For Release Of Beneficiary Encrypted Files (BEF's) has been issued either by fax or mail, the requestor is expected to return the signed agreement within 30 days. If HCFA does not receive the signed BEF's within the specified timeframe, HCFA reserves the right to cancel processing of the data order.
- C Please ensure that what you order is the exact data file you need and in the correct format. Each data file is individually generated to the specification stipulated in this catalog. To process each order, the Health Care Financing Administration (HCFA) incurs processing costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable. Please allow 4 to 6 weeks for processing.

AGREEMENT FOR RELEASE OF HEALTH CARE FINANCING ADMINISTRATION (HCFA) BENEFICIARY ENCRYPTED FILES

In order to ensure the confidence of the American public regarding the confidentiality of information collected and maintained by the Federal government, HCFA expects the requestors and recipients of its data to agree to observe the following conditions and to comply with these requirements. These requirements apply to the use of the file(s) released or any data derived from such files(s).

This agreement pertains to the release of the following HCFA data:

Filename(s)	Year(s)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(Requestor Name--First and Last)

(Company/Organization)

(Street Address)

(City, State and ZIP Code)

(Phone Number--Including Area Code)

ORD#(if applicable)

The user represents and warrants, and in furnishing the data file(s) specified HCFA relies upon such representation and warranty, that such data file(s) will be used for the following purpose(s).

The user represents and warrants further that the facts and statements made in any project plan submitted to HCFA for each purpose are complete and accurate.

- A. The requestor shall make no attempt to identify any specific individual whose record is included in the file(s). No attempt will be made to unencrypt any person-level data in the file(s).
- B. The parties mutually agree that the aforesaid file(s) (and/or any derivative file(s) may be retained by the user until _____, hereinafter known as the "retention date."
- C. The requestor shall not disclose, release, reveal, show, sell, rent, lease, loan, or otherwise grant access to

the data covered by this Agreement.

- D. The requestor shall not disclose any aggregations of data from the file(s) covered by this agreement without express written authorization from HCFA.
- E. Absent express written authorization from HCFA, the requestor shall make no attempt to link records included in the file(s) to any other beneficiary-specific source of information.
- F. The requestor shall neither publish nor release any information that is derived from the file(s) and that could reasonably be expected to permit deduction of a beneficiary's identity.
- G. Appropriate administrative, technical, procedural, and physical safeguards shall be established by the recipient to protect the confidentiality of the data and to prevent unauthorized access to it. The safeguards shall provide a level of security that is at least comparable to the level of security referred to in OMB Circular No. A-130, Appendix III -- Security of Federal Automated Information Systems which sets forth guidelines for security plans for automated information systems in Federal agencies.
- H. For each file, the requestor shall pay the standard fee, established by HCFA.
- I. In the event the requestor makes an unauthorized disclosure of these data, HCFA may impose any or all of the following measures: (1) request a formal response to an allegation of an unauthorized disclosure, (2) require the submission of a corrective action plan formulated to implement steps to be taken to alleviate the possibility of any future unauthorized disclosure; (3) require the return of the data; and/or (4) sanction against further release of HCFA data to the organization/requestor in question.
- J. The requestor acknowledges that criminal penalties under section 1106(a) of the Social Security Act 942 USC 1306(a), including possible imprisonment, may apply with respect to any disclosure of information in the file(s) that is inconsistent with the terms of the agreement. The Requestor further acknowledges that criminal penalties under the Privacy Act (5 USC 552a(I)(3)) may apply if it is determined that the Requestor, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses.

1. (Requestor name and title--typed or printed)

2. (Signature)

(Date)

3. (Typed or printed name of custodian of files, if different)

4. (Signature)

(Date)

5. (Typed or printed name/agency/telephone number of Federal representative)

6. (Signature)

(Date)

(Rev-98)

SECTION V

DESCRIPTIONS AND PRICES

(BENEFICIARY ENCRYPTED FILES)

**BENEFICIARY ENCRYPTED DATA FILES
FILE DESCRIPTIONS AND PRICES**

27

January 2001

BENEFICIARY ENCRYPTED FILES [RESTRICTED PUF]

Due to the recent emphasis at HCFA on privacy, confidentiality and the enactment of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (H.R. 3103), HCFA is changing its policy in regard to [Restricted Public Use Files] (PUFs). [Restricted PUFs] will now be referred to as [Beneficiary Encrypted Files]. [The entity will be required to sign an Agreement For Release Of Beneficiary Encrypted Files in which the entity agrees that it will not attempt to identify individuals. The agreement also serves to advise the data recipient that any disclosure of information derived from these data files must first be approved by HCFA.]

The files affected by this change are:

- Standard Analytical Files (SAFs)
 - Physician/Supplier Part B
 - Durable Medical Equipment
 - Outpatient
 - Inpatient
 - Home Health Agency
 - Hospice
 - Skilled Nursing Facility
- Expanded Modified MEDPAR-Hospital (National) File
- Expanded Modified MEDPAR-Hospital (State) File
- Expanded Modified MEDPAR-SNF File and
- Denominator File

Please complete the order form entitled [Beneficiary Encrypted Files Order Form] when ordering the above files. An Agreement for use of Health Care Financing Administration (HCFA) Beneficiary Encrypted Files must be completed and submitted with your order.

For information regarding the policies for requesting Beneficiary Encrypted Files, please contact OIS/EDG/DDLD, Division of Data Liaison Distribution on (410) 786-3690 (Data Release Hotline).

For information about the file content and release of the data files, contact OIS/EDG/DID, Division of Distribution on (410) 786-3691.

BENEFICIARY ENCRYPTED DATA FILES FILE DESCRIPTIONS AND PRICES

January 2001

STANDARD ANALYTICAL FILES

These files are available by type of claim or collectively as a group. The 5% sample is created based on selecting records with 05, 20, 45, 70 or 95 in positions 8 and 9 of the Health Insurance Claim (HIC) number. The term "providers" is used universally to refer to physicians, as well as, institutions. Medicare Institutional provider numbers are not encrypted; however, physician identifiers, e.g. UPINs, etc. are encrypted in the public use files.

Physician Identification (ID) numbers and Beneficiary HIC numbers are encrypted in the 5% files to protect the privacy of individuals. The "Beneficiary State of Residence Files" contain all services provided to a beneficiary based on their State of residence regardless of whether the service was performed in that State. Please note that in the 100% National file, the Physician ID numbers are encrypted and the Beneficiary Claim numbers are blanked out.

These files contain final action claims data in which all adjustments have been resolved. **The current year's data are available beginning with data submitted from January to June of that year. Thereafter, updates are created quarterly until the file is finalized at 18 months (in July of the following year)** (This 18-month window captures 98% of the claims.)

	5% Files	100% Files	Beneficiary State of Residence 100% Files
--Phys/Supplier Part B***	\$6,700.00	n/a*	\$5,790.00* *
--Outpatient***	\$3,270.00	\$23,520.00	\$7,780.00
--Inpatient	\$2,030.00	\$11,070.00	\$3,870.00
--Home Hlth Agency	\$1,630.00	\$5,850.00	\$1,940.00
--Hospice	\$1,630.00	\$5,850.00	\$1,940.00
--SNF	<u>\$1,130.00</u>	<u>\$2,810.00</u>	<u>\$1,020.00</u>
Totals	\$16,390.00	\$49,100.00	\$22,340.00

These prices are for each yearly file.

Media: Cartridge

File cost is per year

Available: 1991 through 2000

Recording Format: 1. Variable Length (mainframe only)

2. Multiple Linked files (fixed length, unpacked records to be used by non-mainframe)

* n/a-100% Physician/Supplier Part B File not provided due to file size

**5% Only available

***See Section VI: Copyright

Beneficiary Encrypted Files Hotline: (410) 786-3690

Note: See pages 32 and 33 for element encryption rules

A SIGNED AGREEMENT FOR RELEASE OF BENEFICIARY ENCRYPTED FILES REQUIRED

**BENEFICIARY ENCRYPTED DATA FILES
FILE DESCRIPTIONS AND PRICES**

29

January 2001

EXPANDED MODIFIED MEDPAR-HOSPITAL (NATIONAL)

The Medicare Provider Analysis and Review (MEDPAR) file contains records for 100% of Medicare beneficiaries who use hospital inpatient services.* The records are stripped of most data elements that will permit identification of beneficiaries. The hospital is identified by the six position Medicare billing number. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984, Federal Register and amended by the July 2, 1985, Notice. The national file consists of approximately 11 million records.

- 1. The Notice of Proposed Rule Making (NPRM) is published in the Federal Register, usually available by the end of May. This file is derived from the MEDPAR file with a cutoff of three months after the end of the fiscal year (December file).**
- 2. The Final Rule is published in the Federal Register usually by the first week of August. This file is derived from the MEDPAR file with a cutoff of five months after the end of the fiscal year (March file).**

Media:	Cartridge
File Cost:	\$3,655.00 per year
Available:	FY 1993 through FY 2000

*The file is a federal fiscal year which specifies discharges occurring October 1 through September 30.

A SIGNED AGREEMENT FOR RELEASE OF BENEFICIARY ENCRYPTED FILES REQUIRED

**BENEFICIARY ENCRYPTED DATA FILES
FILE DESCRIPTIONS AND PRICES**January 2001

EXPANDED MODIFIED MEDPAR-HOSPITAL (STATE)

Expanded Modified MEDPAR-Hospital extracted by State of Beneficiary Residence

The Medicare Provider Analysis and Review (MEDPAR) file contains records for 100% of Medicare beneficiaries who use hospital inpatient services. The records are stripped of most data elements that will permit identification of beneficiaries. The hospital is identified by the six position Medicare billing number. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984, Federal Register and amended by the July 2, 1985, Notice. This is a subset of the Expanded Modified MEDPAR-Hospital (National) as described on page 51.

1. **The Notice of Proposed Rule Making (NPRM) is published in the Federal Register usually by the end of May. This file is derived from the MEDPAR file with a cutoff of three months after the end of the fiscal year (December file).**
2. **The Final Rule is published in the Federal Register usually by the first week of August. This file is derived from the MEDPAR file with a cutoff of five months after the end of the fiscal year (March file).**

Media:	Cartridge
File Cost:	\$1,080.00 per State per year
Available:	FY 1993 through FY 2000

A SIGNED AGREEMENT FOR RELEASE OF BENEFICIARY ENCRYPTED FILES REQUIRED**EXPANDED MODIFIED MEDPAR-SKILLED NURSING FACILITY**

This file is stripped of most data elements that will permit identification of beneficiaries. The Skilled Nursing Facility (SNF) is identified by the six position Medicare billing number. The file contains records for 100% of Medicare beneficiaries who use SNF services. The file is available to persons qualifying under the terms of the Routine Use Act as outlined in the December 24, 1984, Federal Register and amended by the July 2, 1985, Notice.

The Final Rule is published in the Federal Register usually by the first week of September. This file is derived from the MEDPAR file with a cutoff of nine months after the end of the fiscal year (June file).

Media:	Cartridge
File Cost:	\$850.00 per year
Available:	FY 1993 through FY 2000

A SIGNED AGREEMENT FOR RELEASE OF BENEFICIARY ENCRYPTED FILES REQUIRED

**BENEFICIARY ENCRYPTED DATA FILES
FILE DESCRIPTIONS AND PRICES**

31

January 2001

5% SAMPLE DURABLE MEDICAL EQUIPMENT (DME) STANDARD ANALYTICAL FILE (SAF)

Beginning October 1, 1993, HCFA changed the way it handled the reporting of DME claims. The establishment of Durable Medical Equipment Regional Carriers (DMERCs) regionalized the processing for most of these claims. The transition period for this new procedure occurred between October 1, 1993, and June 30, 1994. During the phase-in, DME suppliers submitted claims for payment using the old and new method. The 1994 DME file contains claims for the last quarter of 1993 and includes all 1994 DME claims submitted to DMERCs. The 1997 file contains approximately 34 million records. Some DME claims will continue to be submitted through local carriers.

Media:	Cartridge
File Cost:	\$2,890.00 per year
Available:	CY 1994 through CY 2000

Note: See pages 32 and 33 for element encryption rules

A SIGNED AGREEMENT FOR RELEASE OF BENEFICIARY ENCRYPTED FILES REQUIRED

BENEFICIARY ENCRYPTED DATA FILE ELEMENTS

DATA ELEMENT	HHA	HSP	I/P	SNF	O/P	P/S	DME
	5% - 100%	5% - 100%	5% - 100%	5% - 100%	5% - 100%	5%	5% - 100%
1. HIC	E ---- B	E ---- B	E ---- B	E ---- B	E ---- B	E	E ---- N/A
2. CATEGORY EQUATABLE BIC	E ---- B	E ---- B	E ---- B	E ---- B	E ---- B	E	E ---- N/A
3. BIC	B ---- B	B ---- B	B ---- B	B ---- B	B ---- B	B	B ---- N/A
4. ZIP CODE:							
- PHYSICIAN						B	
- BENEFICIARY	B ---- B	B ---- B	B ---- B	B ---- B	B ---- B	B	B ---- N/A
5. DATES:							
- FROM	B ---- B	B ---- B	B ---- B	B ---- B	B ---- B	B	B ---- N/A
- THRU	YQ --- YQ	YQ --- YQ	YQ --- YQ	YQ --- YQ	YQ --- YQ	YQ	YQ --- N/A
- ADMISSION		YQ --- YQ	YQ --- YQ	YQ --- YQ			
- DATE OF BIRTH	R --- R	R --- R	R --- R	R --- R	R --- R	R	R --- N/A
6. PATIENT CONTROL NUMBER	B ---- B	B ---- B	B ---- B	B ---- B	B ---- B		
7. MEDICAID PROVIER ID NO.	E ---- E	E ---- E	E ---- E	E ---- E	E ---- E		
8. CLAIM MEDICAL RECORD NO.	B ---- B	B ---- B	B ---- B	B ---- B	B ---- B		
9. BENEFICIARY NAME			B ---- B	B ---- B			
10. CLAIM APPRO. GRACE DAY CT			B ---- B	B ---- B			
11. CLAIM APP. SERVICE FROM DATE			B ---- B	B ---- B			
12. CLAIM APP. SERVICE THRU DATE			B ---- B	B ---- B			
13. CWFB PROVIDER TAX NO.						E	E ---- N/A
14. PROFILING NO. - PERFORMING						E	
15. PROFILING NO. - REFERRING						E	
16. CLAIM PRIMARY CARE PHY. ID #**	E ---- B	E ---- B	E ---- B	E ---- B	E ---- B		
17. CLAIM PRINCIPAL PROC. PHY. ID**			E ---- B	E ---- B	E ---- B		
18. CLAIM OTHER PHYSICIAN ID NO.**			E ---- B	E ---- B	E ---- B		
19. PERFORMING PROVIDER UPIN						E	
20. CLAIM REFERRING PHY. UPIN						E	
21. CLAIM ORDERING PHY. UPIN							E ---- N/A

E -- ENCRYPTED B -- BLANKED R -- RANGE YQ -- YEAR & QUARTER

DATA ELEMENT SELECTIONS ARE TREATED AS 5% SELECTIONS.

FIELDS THAT HAVE NO INDICATOR IN THEM ARE NOT AVAILABLE IN THAT FILE.

** POSITIONS 1-6 SHOULD BE ENCRYPTED USING THE UPIN ENCRYPTION. POSITIONS 7-10 SHOULD BE BLANKED.

BENEFICIARY ENCRYPTED DATA FILE ELEMENTS

DATA ELEMENT	DENOM	HISKEW
	5% -100%	5% -100%
1. HIC	E ---- B	E ---- B
2. CATEGORY EQUATABLE BIC	E ---- B	
3. BIC	B ---- B	E ---- B
4. ZIP CODE:		
BENEFICIARY	B ---- B	B ---- B
5. DATES:		
DATE OF BIRTH	B ---- B	R ---- R
6. BENE. RESIDENCE CHANGE DATE		B ---- B
7. BENE. SOCIAL SECURITY NUMBER		B ---- B
8. X-REF BENE. CLAIM ACCOUNT NO.		B ---- B
9. X-REF BENE. IDENTIFICATION CODE		B ---- B
10. BENE. DEATH DATE	B* ---- B*	B* ---- B*
11. BENE. SSA BENEFIT PAYMENT CODE		B ---- B

E -- ENCRYPTED B -- BLANKED R -- RANGED

B* - THIS FIELD WILL BE BLANKED UNLESS THERE IS A [V] IN THE VALID DAY OF DEATH FIELD.

DATA ELEMENT SELECTIONS ARE TREATED AS 5% SELECTIONS.

SECTION VI

COPYRIGHT STATEMENT AND

AGREEMENT

Copyrighted Material

Some material contained in certain Public Use Files are copyrighted by the American Medical Association (AMA) or the American Dental Association (ADA). Under the terms of the agreements between the Health Care Financing Administration (HCFA) and the AMA and the ADA, the copyrighted material may only be used for purposes directly related to participating in HCFA programs. Permission for any other use must be obtained from the AMA and/or the ADA.

Specifically, the 5-character numeric procedure codes and 2-character numeric modifiers (and the descriptors for both), which are used to report physicians' services on Medicare claims, are copyrighted by the AMA. They comprise the AMA's Current Procedural Terminology, Fourth Edition (CPT-4). The CPT-4 is available from the American Medical Association, 515 North State Street, Chicago, Illinois 60610 (telephone 1 (800) 621-8335). The 5-character alpha-numeric procedure codes beginning with D (and their descriptors), which reflect dental services, are copyrighted by the ADA. They comprise the ADA's Current Dental Terminology--Second Edition (CDT-2). The CDT-2 is available from the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611.

Because these codes are used on Medicare claims, some of the copyrighted codes and/or descriptors may appear in the following Public Use Files:

HCFA Common Procedure Coding System (HCPCS) (Alpha-Numeric Portion)(NOT A PUF)

- Physician/Supplier Procedure Summary Master File
- Physician/Supplier Part B Standard Analytical File
- Outpatient Standard Analytical File

CPT-4 and CDT-2 codes and descriptors are not public property and must always be used in compliance with copyright law. Permission for any other use must be obtained from the AMA and/or the ADA, as appropriate.

The following notice should accompany forms or other material used by the public to request HCFA Public Use Files:

Carefully read the following terms and conditions prior to ordering any Public Use Files containing CPT codes. Your signature at the bottom of this page acknowledges your acceptance of these terms and conditions. We cannot provide you these files if you do not agree with these terms and conditions and do not sign this license.

LICENSE FOR USE OF [Physicians] CURRENT PROCEDURAL TERMINOLOGY, [FOURTH EDITION ([CPT])]

CPT codes and descriptions only are copyright 1996 American Medical Association. All Rights Reserved (or such other date of publication of CPT).

You, your employees and agents are authorized to use CPT internally within your organization for the sole use by yourself, employees and agents. You agree to take all necessary steps to insure that your employees and agents abide by the terms of this agreement. You acknowledge that the AMA holds all copyright, trademark and other rights in CPT.

Any use not authorized herein is prohibited, including by way of illustration and not by way of limitation, making copies of CPT for resale and/or license, transferring copies of CPT to any party not bound by this agreement, creating any modified or derivative work of CPT, or making any commercial use of CPT. You should contact Paul A. Markowski at the American Medical Association, CPT Intellectual Property Services, American Medical Association, 515 N. State Street Chicago, Illinois 60610 or at telephone number 312-327-2249 should you wish to make additional uses of CPT.

This product includes CPT which is commercial technical data and/or computer data bases and/or commercial computer software and/or commercial computer software documentation, as applicable which were developed exclusively at private expense by the American Medical Association, 515 North State Street, Chicago, Illinois, 60610. U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restriction of DFARS 252.227-7015(b)(2) (June 1995) and/or subject to the restriction of DFARS 227.7202-1(a) (June 1995) and DFARS 227.7202-3(a) (June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14 (June 1987) and FAR 52.227-19 (June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

Disclaimer of Warranties and Liabilities

CPT is provided [as is] without warranty of any kind, either expressed or implied, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose.

No fee schedules, basic unit, relative values or related listings are included in CPT. The American Medical Association (AMA) does not directly or indirectly practice medicine or dispense medical services. The responsibility for the content of this file/product is the Health Care Financing Administration and no endorsement of the AMA is intended or implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this file/product.

This license will terminate upon notice if you violate the terms of this license. The AMA is a third party beneficiary to this license.

AGREED:

Name of Organization (if applicable) or individual

Signature

Print Name

Date:

SECTION VII

**OTHER AVAILABLE DATA
SOURCES**

AND REFERENCES

ATTACHMENTS A, B, and C

**This data source is not furnished by the HCFA Public Use Files Area.
Address your inquiries to the source as indicated.**

**The following information is furnished in response to frequent
questions about other available data and data sources.**

HCFA PUBLICATIONS INQUIRIES AND DOCUMENTATION REQUESTS**HCFA's Mailing Address:**

7500 Security Boulevard,
Baltimore, Maryland 21244-1850

HCFA Research Publications and Projects

Office of Strategic Planning (OSP)
Systems, Technical, and Analytic Resources Group (STARG), C3-24-07
Hotline: (410) 786-7707
Fax: (410) 786-6511

HCFA Medicare Beneficiary Publications

Office of Internal Customer Support (OICS)
Division of Printing Mail Services (DPMS), SSL-12-15
Office: 1-800-638-6833
Fax: (410) 786-4786

Medicare Current Beneficiary Survey

Office of Strategic Planning (OSP)
Information Method Group (IMG), C3-17-07
Office: (410) 786-4881
Fax: (410) 786-5515

Medicare and Medicaid Data Dissemination

Office of Information Services (OIS)
Enterprise Databases Group (EDG)
Division of Information Distribution (DID), N2-04-27
Medicare Data Hotline (410) 786-3689
Medicaid Data Hotline (410) 786-0165

Medicaid Statistics, Program and Financial Statistics

Center for Medicaid and State Operations (CMSO)
Data and Systems Group (DSG)
Division of Information Analysis and Technical Assistance (DIATA), S3-18-13
Office: (410) 786-0780
Fax: (410) 786-0390
Publication Coordinator: (410) 786-6117

Attachment B**HCFA REGIONAL OFFICES**

- I. BOSTON REGIONAL OFFICE
John F. Kennedy Federal Building
Room 2325
Boston, Massachusetts 02203-0003
(617) 565-1232
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island,
Vermont
- II. NEW YORK REGIONAL OFFICE
26 Federal Plaza, Room 3811
New York, New York 10278-0063
(212) 264-8289
New Jersey, New York, Puerto Rico, Virgin Islands
- III. PHILADELPHIA REGIONAL OFFICE
Public Ledger Building
150 South Independence Mall West, Suite 216
(215) 861-4213
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West
Virginia
- IV. ATLANTA REGIONAL OFFICE
Atlanta Federal Center
61 Forsyth Street, S.W., Suite 4T20
Atlanta, Georgia 30303-8909
(404) 562-7150
Alabama, North Carolina, South Carolina, Florida, Georgia, Kentucky,
Mississippi, Tennessee
- V. CHICAGO REGIONAL OFFICE
105 West Adams, 15th Floor
Chicago, Illinois 60603-6201
(312) 353-7180
Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
- VI. DALLAS REGIONAL OFFICE
1301 Young Street, 8th Floor
Dallas, Texas 75202
(214) 767-6401
Arkansas, Louisiana, New Mexico, Oklahoma, Texas

HCFA REGIONAL OFFICES (continued)

- VII. KANSAS CITY REGIONAL OFFICE
Richard Bolling Federal Building
601 East 12th Street, Room 235
Kansas City, Missouri 64106-2808
(816) 426-2866
Iowa, Kansas, Missouri, Nebraska
- VIII. DENVER REGIONAL OFFICE
Colorado State Bank Building
1600 Broadway, Suite 700
Denver, Colorado 80202-4367
(303) 844-6149
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
- IX. SAN FRANCISCO REGIONAL OFFICE
75 Hawthorne Street, 4th and 5th Floors
San Francisco, California 94105-3901
(415) 744-3602
American Samoa, Arizona, California, Guam, Hawaii, Nevada
- X. SEATTLE REGIONAL OFFICE
2201 Sixth Avenue, MS/RX-40
Seattle, Washington 98121-2500
(206) 615-2354
Alaska, Idaho, Oregon, Washington

Attachment C**ADDITIONAL INFORMATION RESOURCES****CURRENT PROCEDURAL TERMINOLOGY (CPT)**

Published information on the CPT's can be obtained from:
American Medical Association (AMA),
Telephone Number: 1-800-621-8335
Fax Number: 312-464-5600

American Medical Association
Coding Information Services
515 North State Street
Chicago, IL 60610
1-800-634-6922

CURRENT ICD-9-CM

Published information on the ICD-9 can be obtained from:
MEDICODE
Telephone Number: 1-800-999-4618
Fax Number: 801-536-1011

MEDICODE
5225 Wiley Post Way
Suite 500
Salt Lake City, UT 84116

DIAGNOSIS RELATED GROUP (DRG)

Published information on the DRG can be obtained from:
3M Health Information Systems
1-800-447-3828
Fax Number: 203-949-6331

3M Health Information Systems
100 Barnes Street
Wallingford, CT 06492

**FEDERAL REGISTER NOTICES ON THE CURRENT PHYSICIAN FEE
SCHEDULE****(RELATIVE VALUE UNIT - RVU)**

To order paper copies of the Federal Register containing the documents, send request to:

New Orders
Superintendent of Documents
U.S. Government Printing Office
PO Box 371954
Pittsburgh, PA 15250-7954
(202) 512-1800

Cost: \$8.00 per copy

Copies of the source files for this document can also be purchased on high density 3.5-inch personal computer diskettes. The file formats on the diskettes are Word Perfect 6.1 or EXCEL. To order the Relative Value Unit (RVU) diskette, enclose a check or money order payable to "Superintendent of Documents" at the address below or enclose a Visa, Master Card, or Discover number and expiration date. Credit card orders can also be placed by calling the order desk.

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P.O. Box 37082
Washington, D. C. 20013-7082
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(Toll Free) 1-888-293-6498

Cost: \$17.00 per diskette

Attachment C**HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)**

Address Request To: National Technical Information Service (NTIS)
5285 Port Royal Road
Springfield, Virginia 22161
Telephone Number: 1-800-553-NTIS
Fax Number: (703) 605-6900

Media: 6250 BPI tape or 3480 cartridge
Cost: \$305.00
Media: Diskette
Cost: \$175.00

Note: Only Current Year Available

Address Request To: Superintendent of Documents
Government Printing Office
P.O. Box 371954
Pittsburgh, Pennsylvania 15250-7954
Telephone Number: (202) 512-1800

Media: Publication
Cost: \$28.00

Note: Only Current Year Available

See Section VI: Copyright

HCFA's LAWS, REGULATIONS, MANUALS* on CD-ROM

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Superintendent of Documents
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Pittsburgh, PA 15250-7954

Contact: Sales Order and Information Desk (GPO)
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Include Check or Money Order
Include the Shipping address

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\$ 27.00 per single disc

Equipment: IBM Compatible PC
DOS 3.1 or Higher
CD-ROM Reader
Memory Minimum 500K
2MB hard disk space

Problems/Complaints: (202) 512-1530

Attachment C**HCFA's LAWS, REGULATIONS, MANUALS* on CD-ROM (continued)****WHAT'S INCLUDED****HCFA PROGRAM MANUALS**

Carrier QA Handbook
 Christian Science Sanatorium
 Coverage Issues
 Federal Qualified HMOs
 HMO/CMP
 Home Health Agency
 Hospice
 Skilled Nursing Facility
 Medicare Carriers
 Medicare Intermediaries
 Outpatient Physical Therapy

Peer Review Organization
 Provider Reimbursement
 Regional Office
 Renal Dialysis Facility
 Rural Health Clinic and
 Federally Qualified Hlth
 Center Hospital

State Buy-in
 State Medicaid
 State Operations

CODE OF FEDERAL REGULATIONS

Title 42 (400 - 429)
 Medicare/Medicaid

Updated Version through Daily
 Federal Register Final
 Rules and Correction Notices
 Annual Reprints for October 1,
 1997 & 1998

(DAB)-

Title 42 Public Health
 Board
 (annual reprints)
 Title 45 (1-499) Public Welfare
 (annual reprints)

SOCIAL SECURITY ACT

Title 11 PROs
 Title 18 Medicare
 Title 19 Medicaid

OTHER

Program Memoranda

Departmental Appeals Board

Decisions
 Provider Reimbursement Review

Decisions-current on daily
 Federal Register
 Preambles current year

*HCFA is undertaking an effort to provide electronic versions of program manuals on our website. Given limited resources and manpower, we will make as many of the manuals available as soon as possible.

Please visit <<http://www.hcfa.gov/pubforms/program.htm>>

**INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION.
CLINICAL MODIFICATION, FOURTH EDITION. VOLUME 1, DISEASE
TABULAR LIST. VOLUME 2, DISEASES ALPHABETIC INDEX**

*Prepared by the Public Health Service,
Rockville, Md.*

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is based on the official version of the World Health Organization's 9th Revision, International Classification of Diseases (ICD-9-CM). ICD-9 is designed for the classification of morbidity and mortality information for statistical purposes, and for the indexing of hospital records by disease and operation, for data storage and retrieval. Historical background may be found in the Introduction to ICD-9. Volume 2 is the Alphabetic Index to Volume 1, Diseases: Tabular List, of the International Classification of Diseases, 9th Revision, Clinical Modification. The Alphabetic Index is an important supplement to the Tabular List since it contains many diagnostic terms which do not appear in Volume 1. Order number PB92-173285NDT. \$288. Outside the U.S., Canada, and Mexico, the price is \$575.

National Technical Information Services Telephone: 1-800-553-NTIS (Fax) 703-605-6900

DATA FILES AND SOFTWARE FROM HCFA

Prepared by the Health Care Financing Administration

This product contains manuals, data files, and software from the Health Care Financing Administration. Available software includes Physician Claim Entry System, Medicare Code Editor, GROUPER, and PRICER. Some examples of data files are: Geographic Medicare Economic Index, HCFA Common Procedure Coding System, Hospital Data by Geographic Area for Aged Medicare Beneficiaries, and Refining the Malpractice Geographic Cost Index.

To receive descriptions of these and other products from HCFA, call 1-800-553-NTIS and ask for free catalog PR-821NDT.

Attachment C**NATIONAL LISTING OF MEDICARE PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES**

National Listing of Medicare Providers Furnishing Kidney Dialysis and Transplant Services is now available from: Pub #017-060-00608-1

(1998) Cost: \$15.00
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402

Telephone Number: (202)512-1800

U.S. Government Printing Office (GPO)
http://www.access.gpo.gov/su_docs

HealthCare: 202-512-1800
Fax: 202-512-2250
Tape: 202-512-1530

Attachment C**UNIQUE PHYSICIAN IDENTIFICATION NUMBER (UPIN)**

This directory was published in 1991 with updated versions published on a quarterly basis for 1992 through current.

To obtain a UPIN Directory hardcopy:
Supplement: \$21.00 (1991 through current)

United States Government Printing Office
Superintendent of Documents
P.O. Box 371954
Pittsburgh, Pennsylvania 15250-7954
(202) 512-1800

U.S. Government Printing Office (GPO)
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Baltimore, Maryland 21207-0520

Federal Express, Airborne:
Health Care Financing Administration
OFM/Division of Accounting
Attn: Kara Cosby
7500 Security Boulevard, C3-09-27
Baltimore, Maryland 21244-1850

File Specifications: EBCDIC (3480 or 3490e IBM Standard Label Cartridge) or
ASCII (CD-ROM) Browse feature not available

Record Layout: General Data and File Descriptions

Online browse version: <www.cpg.mcw.edu/www/upin.html>

Cost: \$330.00 Cartridge
\$20.00 CD-ROM

Payment: Check

HCFA's Public Use Files Hotline: 410-786-3691

HCFA's Technical Contact: Gerald Wright 410-786-5798